

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2002

Open to Public  
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2002 calendar year, or tax year beginning 9/1/2001 and ending 8/31/2002

**B** Check if applicable:  
☒ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

**C** Name of organization: Bill of Rights Institute  
 Number and street (or P.O. box if mail is not delivered to street address): 200 N Glebe Road  
 City or town: Arlington State or country: VA ZIP + 4: 22203-3728

**D** Employer identification number: 48-0891418

**E** Telephone number: (703) 894-1776

**F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) \_\_\_\_\_

**G** Web site: www.billofrightsinstitute.org

**J** ORGANIZATION TYPE (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) OR ☐ 527

**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. SOME STATES REQUIRE A COMPLETE RETURN.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 1,404,188

**M** Check ☐ if the organization is NOT required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_  
**H(c)** Are all affiliates included? ☐ Yes ☒ No (If "No" attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No  
**I** Enter 4-digit GEN: \_\_\_\_\_

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 17 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	1,214,475		
	b	Indirect public support	1b	0		
	c	Government contributions (grants)	1c	0		
	d	TOTAL (add lines 1a through 1c) (cash \$ <u>1,214,475</u> noncash \$ <u>0</u> )	1d	1,214,475		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	18,916		
	3	Membership dues and assessments	3	0		
	4	Interest on savings and temporary cash investments	4	9,917		
	5	Dividends and interest from securities	5	21,102		
	6a	Gross rents	6a	0		
	b	Less rental expenses	6b	0		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	0		
7	Other investment income (describe _____)	7	0			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	104,169	
	b	Less cost or other basis and sales expenses	8b	0		
	c	Gain or (loss) (attach schedule)	8c	104,169		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	104,169		
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	0		
	b	Less direct expenses other than fundraising expenses	9b	0		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0		
	10a	Gross sales of inventory, less returns and allowances	10a	35,609		
	b	Less cost of goods sold	10b	33,069		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	2,540		
	11	Other revenue (from Part VII, line 103)	11	0		
12	TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,371,119			
Net Assets	13	Program services (from line 44, column (B))	13	698,867		
	14	Management and general (from line 44, column (C))	14	138,975		
	15	Fundraising (from line 44, column (D))	15	384,451		
	16	Payments to affiliates (attach schedule)	16	0		
	17	TOTAL EXPENSES (add lines 16 and 44, column (A))	17	1,222,293		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	148,826		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,317,942		
	20	Other changes in net assets or fund balances (attach explanation)	20	8,109		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,474,877		

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc	145,000	36,250	36,250	72,500
26	Other salaries and wages	264,378	204,471	17,136	42,771
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	28,898	15,195	4,356	9,347
29	Payroll taxes	30,076	19,320	3,365	7,391
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	47,225	0	47,225	0
32	Legal fees	2,699	0	1,281	1,418
33	Supplies	16,057	9,358	1,038	5,661
34	Telephone	4,970	3,358	479	1,133
35	Postage and shipping	204,652	47,996	9,421	147,235
36	Occupancy	44,439	30,041	4,188	10,210
37	Equipment rental and maintenance	19,743	15,247	1,340	3,156
38	Printing and publications	159,197	110,138	2,830	46,229
39	Travel	56,149	43,867	5	12,277
40	Conferences, conventions, and meetings	33,072	32,032	0	1,040
41	Interest	0	0	0	0
42	Depreciation, depletion, etc (attach schedule)	13,832	9,358	1,303	3,171
43	Other expenses not covered above (itemize) a _____	151,906	122,236	8,758	20,912
b	See Attached Statement 5	0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0			
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43). ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	1,222,293	698,867	138,975	384,451

JOINT COSTS Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A, (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** (See page 24 of the instructions.)What is the organization's primary exempt purpose? ☒ Educate the public about our country's Founding Principles

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
 Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.

a	Teacher Training Workshops - Nearly 1,000 high school American history and Civics teachers attended one of our professional development programs offered at day-long workshops in cities nationwide, providing teachers with the background knowledge, teaching strategies, and instructional materials they need to more effectively engage their students with America's Founding documents (Grants and allocations \$ _____)	170,729
b	Summer Institute Program - A graduate level course compressed into an intensive 45-hour week of classroom instruction, supplemented by an extensive reading requirement and research paper, was held at George Mason University School of Law in suburban Washington, D C for 60 high school American History and Civics teachers (Grants and allocations \$ _____)	165,386
c	Instructional Materials - The educational website averaged over 38,000 user sessions per month. Weekly e-mail newsletter subscribers increased to 8,000. In addition, "The Bill of Rights & You", our instructional material on the Founding documents and concepts of government were sent to 1,500 high school American History and Civics teachers, reaching the 150,000 students they teach annually (Grants and allocations \$ _____)	362,752
d		
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)	698,867

**Part IV Balance Sheets** (See page 24 of the instructions)

<b>Note.</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b>	Cash - non-interest-bearing		0	<b>45</b>	116,409
	<b>46</b>	Savings and temporary cash investments		626,220	<b>46</b>	655,683
	<b>47 a</b>	Accounts receivable	<b>47a</b> 8,086			
	<b>b</b>	Less allowance for doubtful accounts	<b>47b</b> 0	5,390	<b>47c</b>	8,086
	<b>48 a</b>	Pledges receivable	<b>48a</b> 16,750			
	<b>b</b>	Less allowance for doubtful accounts	<b>48b</b> 0	12,500	<b>48c</b>	16,750
	<b>49</b>	Grants receivable		0	<b>49</b>	
	<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	<b>50</b>	0
	<b>51 a</b>	Other notes and loans receivable (attach schedule)	<b>51a</b> 0			
	<b>b</b>	Less allowance for doubtful accounts	<b>51b</b> 0	0	<b>51c</b>	0
	<b>52</b>	Inventories for sale or use		191,910	<b>52</b>	156,974
	<b>53</b>	Prepaid expenses and deferred charges		36,468	<b>53</b>	20,254
	<b>54</b>	Investments - securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		478,800	<b>54</b>	478,800
	<b>55 a</b>	Investments - land, buildings, and equipment basis	<b>55a</b> 0			
	<b>b</b>	Less accumulated depreciation (attach schedule)	<b>55b</b> 0	0	<b>55c</b>	0
<b>56</b>	Investments - other (attach schedule)		0	<b>56</b>	51,300	
<b>57 a</b>	Land, buildings, and equipment basis	<b>57a</b> 55,435				
<b>b</b>	Less accumulated depreciation (attach schedule)	<b>57b</b> 31,549	32,889	<b>57c</b>	23,886	
<b>58</b>	Other assets (describe <input type="checkbox"/> )		0	<b>58</b>	0	
	<b>59</b>	<b>TOTAL ASSETS</b> (add lines 45 through 58) (must equal line 74)		1,384,177	<b>59</b>	1,528,142
<b>Liabilities</b>	<b>60</b>	Accounts payable and accrued expenses		66,235	<b>60</b>	53,265
	<b>61</b>	Grants payable		0	<b>61</b>	0
	<b>62</b>	Deferred revenue		0	<b>62</b>	0
	<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule)		0	<b>63</b>	0
	<b>64 a</b>	Tax-exempt bond liabilities (attach schedule)		0	<b>64a</b>	0
	<b>b</b>	Mortgages and other notes payable (attach schedule)		0	<b>64b</b>	0
<b>65</b>	Other liabilities (describe <input type="checkbox"/> )		0	<b>65</b>	0	
	<b>66</b>	<b>TOTAL LIABILITIES</b> (add lines 60 through 65)		66,235	<b>66</b>	53,265
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	<b>67</b>	Unrestricted		1,290,313	<b>67</b>	1,329,733
	<b>68</b>	Temporarily restricted		27,629	<b>68</b>	145,144
	<b>69</b>	Permanently restricted		0	<b>69</b>	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	<b>70</b>	Capital stock, trust principal, or current funds			<b>70</b>	
	<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>	
	<b>72</b>	Retained earnings, endowment, accumulated income, or other funds			<b>72</b>	
	<b>73</b>	<b>TOTAL NET ASSETS OR FUND BALANCES</b> (add lines 67 through 69 OR lines 70 through 72, column (A) MUST equal line 19, column (B) MUST equal line 21)		1,317,942	<b>73</b>	1,474,877
<b>74</b>	<b>TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES</b> (add lines 66 and 73)		1,384,177	<b>74</b>	1,528,142	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<b>Part IV-A</b>	<b>Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions )</b>
------------------	--

<b>a</b>	Total revenue, gains, and other support per audited financial statements ▶	<b>a</b>	1,329,228
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ 0		
(2)	Donated services and use of facilities \$ 0		
(3)	Recoveries of prior year grants \$ 0		
(4)	Other (specify) Capital Gains		
	Redemption \$ 8,109		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	8,109
<b>c</b>	Line a minus line b ▶	<b>c</b>	1,321,119
<b>d</b>	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ 0		
(2)	Other (specify) Transfer from		
	Affiliate \$ 50,000		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	50,000
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) ▶	<b>e</b>	1,371,119

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
------------------	---

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,222,293
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 0		
(2)	Prior year adjustments reported on line 20, Form 990 \$ 0		
(3)	Losses reported on line 20, Form 990 \$ 0		
(4)	Other (specify) N/A \$ 0		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	1,222,293
<b>d</b>	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ 0		
(2)	Other (specify) N/A \$ 0		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	1,222,293

**Part V** List of Officers, Directors, Trustees, and Key Employees  
page 26 of the instructions )

(List each one even if not compensated, see

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes

If "Yes," attach schedule-see page 26 of the instructions

► ☐ Yes ☒ No

Part VI Other Information (See page 27 of the instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on FORM 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <u>Knowledge and Progress Fund, Inc</u> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
b	Did the organization file FORM 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	0
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, DO NOT complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed <u>N/A</u>		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	8
91	The books are in care of <u>Vonda Holliman</u> Telephone no <u>(316) 828-5552</u> Located at <u>4111 East 37th Street North, Wichita, KS</u> ZIP + 4 <u>67220-3298</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of FORM 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

Note Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	Summer Institute Fees					14,575
b	Presentation Fees					4,341
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	9,917	
96	Dividends and interest from securities			14	21,102	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory			18	104,169	
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					2,540
103	Other revenue a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		135,188	21,456
105	TOTAL (add line 104, columns (B), (D), and (E))					156,644

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Registration fees from high school teachers attending week-long seminar - Furthers educational purpose
93b	Fees for speaking at educational seminars - Furthers educational purpose
102	Sales of educational materials on the Bill of Rights - Furthers educational purpose

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 AND Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Vonda Holliman</i>		Date 4-10-03	
Paid Preparer's Use Only	Type or print name and title Vonda Holliman, Secretary / Treasurer			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed) address and ZIP + 4	EIN		Phone no

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**

**Supplementary Information - (See separate instructions.)**

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Name of the organization

Bill of Rights Institute

Employer identification number

48-0891418

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Kevin T. Brady, Ph.D. 14993 Grassy Knoll Court Woodbridge, VA 22193	V.P. of Educational Programs Sept 2001 - April 2002 40 hrs per week avg	50,547	4,795	0
Joan L. Murray 4402 N. 19th Street Arlington, VA 22203	Director of Educational Programs 40 hrs per week avg	53,333	1,938	0
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**Part III** Statements About Activities (See page 2 of the instructions )

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ N/A (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )

**a** Sale, exchange, or leasing of property?

2a X

**b** Lending of money or other extension of credit?

2b X

**c** Furnishing of goods, services, or facilities?

2c X

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

See Part V,  
Form 990

2d X

**e** Transfer of any part of its income or assets?

2e X

- 3** Does the organization make grants for scholarships, fellowships, student loans, etc? (See NOTE below )

3 X

- 4** Do you have a section 403(b) annuity plan for your employees?

4 X

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions )

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5** ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7** ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) ENTER THE HOSPITAL'S NAME, CITY, AND STATE \_\_\_\_\_
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the SUPPORT SCHEDULE in Part IV-A )
- 11 a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A )
- 11 b** ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A )
- 12** ☐ An organization that normally receives (1) MORE THAN 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) NO MORE THAN 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the SUPPORT SCHEDULE in Part IV-A )
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **USE CASH METHOD OF ACCOUNTING****Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,188,629	566,944	995,000	860,440	3,611,013
<b>16</b> Membership fees received	0	0	0	0	0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	13,923	0	0	0	13,923
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	73,027	65,134	60,487	51,307	249,955
<b>19</b> Net income from unrelated business activities not included in line 18	0	0	0	0	0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0	0	0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	146	0	0	0	146
<b>23</b> Total of lines 15 through 22	1,275,725	632,078	1,055,487	911,747	3,875,037
<b>24</b> Line 23 minus line 17	1,261,802	632,078	1,055,487	911,747	3,861,114
<b>25</b> Enter 1% of line 23	12,757	6,321	10,555	9,117	
<b>26</b> ORGANIZATIONS DESCRIBED ON LINES 10 OR 11 a Enter 2% of amount in column (e), line 24					<b>26a</b> 77,222
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the total of all these excess amounts.					<b>26b</b> 984,166
c Total support for section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b> 3,861,114
d Add Amounts from column (e) for lines 18 249,955 19 0					
22 146 26b 984,166					<b>26d</b> 1,234,267
e Public support (line 26c minus line 26d total)					<b>26e</b> 2,626,847
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					<b>26f</b> 68.03%
<b>27</b> ORGANIZATIONS DESCRIBED ON LINE 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the sum of such amounts for each year.					
(2001) (2000) (1999) (1998)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the LARGER of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) DO NOT FILE THIS LIST WITH YOUR RETURN. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2001) (2000) (1999) (1998)					
c Add Amounts from column (e) for lines 15 0 16 0					
17 0 20 0 21 0					<b>27c</b> 0
d Add Line 27a total 0 and line 27b total 0					<b>27d</b> 0
e Public support (line 27c total minus line 27d total)					<b>27e</b> 0
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					<b>27f</b> 0
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					<b>27g</b> 0.00%
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					<b>27h</b> 0.00%
<b>28</b> UNUSUAL GRANTS For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. DO NOT FILE THIS LIST WITH YOUR RETURN. Do not include these grants in line 15.					

**Part V****Private School Questionnaire** (See page 7 of the instructions )  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)**N/A**

- 29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )

	Yes	No
<b>29</b>		
<b>30</b>		
<b>31</b>		
<b>32a</b>		
<b>32b</b>		
<b>32c</b>		
<b>32d</b>		
<b>33a</b>		
<b>33b</b>		
<b>33c</b>		
<b>33d</b>		
<b>33e</b>		
<b>33f</b>		
<b>33g</b>		
<b>33h</b>		
<b>34a</b>		
<b>34b</b>		
<b>35</b>		

- 32** Does the organization maintain the following
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
  - b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
  - c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
  - d** Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )

- 33** Does the organization discriminate by race in any way with respect to

- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )

- 34 a** Does the organization receive any financial aid or assistance from a governmental agency?

- b** Has the organization's right to such aid ever been revoked or suspended?  
If you answered "Yes" to either 34a or b, please explain using an attached statement

- 35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

**Part VI-A****Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )  
(To be completed ONLY by an eligible organization that filed Form 5768)**N/A**Check **a** ☐ if the organization belongs to an affiliated group Check **b** ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	0												
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	0												
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table -														
	<table border="0"> <tr> <td><b>If the amount on line 40 is -</b></td> <td><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	0												
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	0												
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	0												

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions )

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures					0
<b>48</b> Grassroots nontaxable amount					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> Grassroots lobbying expenditures					0

**Part VI-B****Lobbying Activity by Nonelecting Public Charities**  
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h )
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h )

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0



**BILL OF RIGHTS INSTITUTE**  
**EIN 48-0891418**  
**ATTACHMENT TO 2002 FORM 990**

<b>PART I, LINE 8 - GAIN OR (LOSS)</b>	<b>STATEMENT 1</b>
--	--------------------

DESCRIPTION	AMOUNT
Capital Gains Dividends	104,169

<b>PART I, LINE 10 SALES</b>	<b>STATEMENT 2</b>
------------------------------	--------------------

Line 10a - Proceeds from sale of educational materials	35,609
Less Line 10b - Cost of educational materials sold	33,069
Line 10c - Gross Profit from sales of inventory	2,540

<b>PART I, LINE 20 OTHER CHANGES IN NET ASSETS</b>	<b>STATEMENT 3</b>
--	--------------------

DESCRIPTION	AMOUNT
Capital Gains Redemption, Change in Tax Basis of Corporate Stock Investment	8,109

<b>PART II, LINE 42: DEPRECIATION and PART IV, LINE 57 -- EQUIPMENT</b>	<b>STATEMENT 4</b>
---	--------------------

<u>Description of Property</u>	<u>Date</u> <u>Acquired</u>	<u>Cost</u>	<u>Prior Years</u> <u>Depreciation</u>	<u>Method</u>	<u>Useful</u> <u>Life</u>	<u>Depreciation</u> <u>for This Year</u>
Office Equipment & Furniture	2,001	55,435	17,716	S/L	3 - Years	13,832

**BILL OF RIGHTS INSTITUTE**  
**EIN 48-0891418**  
**ATTACHMENT TO 2002 FORM 990**

<b>PART II, LINE 43 OTHER EXPENSES NOT COVERED ABOVE</b>	<b>STATEMENT 5</b>
--	--------------------

Columns	(A)	(B)	(C)	(D)
<u>Description</u>	<u>Total</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
<b>Other Professional Fees</b>				
Teacher Training Fees	25,908	25,908	0	0
Advertising Fees	12,419	12,065	177	177
Fees for Video Production	36,341	36,341	0	0
Grant Consulting Fees	12,970	0	0	12,970
Program Evaluation Fees	36,031	35,881	0	150
Internet & Webpage Service Fees	6,012	5,129	269	614
List Rental Fees	9,942	3,668	0	6,274
Bank Fees	5,317	0	5,317	0
Payroll Fees	1,960	0	1,960	0
<b>Total Other Professional Fees</b>	<b>146,900</b>	<b>118,992</b>	<b>7,723</b>	<b>20,185</b>
<b>Miscellaneous</b>				
Insurance	2,601	1,749	245	607
Miscellaneous	2,405	1,495	790	120
<b>Total Miscellaneous</b>	<b>5,006</b>	<b>3,244</b>	<b>1,035</b>	<b>727</b>
<b>Total Other Expenses</b>	<b>151,906</b>	<b>122,236</b>	<b>8,758</b>	<b>20,912</b>

<b>PART IV, LINE 54, INVESTMENTS - SECURITIES</b>	<b>STATEMENT 6</b>
---	--------------------

<u>DESCRIPTION</u>	<u>Book Value (Cost)</u>
Corporate Stock - Common	478,800

<b>PART IV, LINE 56, COLUMN B - OTHER INVESTMENTS</b>	<b>STATEMENT 7</b>
---	--------------------

<u>DESCRIPTION</u>	<u>Book Value (Cost)</u>
Limited Partnership Units	51,300

**BILL OF RIGHTS INSTITUTE**  
**EIN 48-0891418**  
**ATTACHMENT TO 2002 FORM 990**

**PART V: LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES:**

**STATEMENT 8**

(A) Name and Address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Victoria Hughes Falls Church, VA	President 40 hours per week average	145,000	8,753	-0-
Vonda Holliman Wichita, KS	Secretary / Treasurer 9 hours per week average	-0-	-0-	-0-
Richard Fink Centerville, VA	Chairman / Director Less than 1 hour per week	-0-	-0-	-0-
Charles G Koch Wichita, KS	Director Less than 1 hour per week	-0-	-0-	-0-
Elizabeth B Koch Wichita, KS	Director Less than 1 hour per week	-0-	-0-	-0-
Elaine Marshall Dallas, TX	Director Less than 1 hour per week	-0-	-0-	-0-
Gerald O'Shaughnessy Wichita, KS	Director Less than 1 hour per week	-0-	-0-	-0-
Leslie Rudd Oakville, CA	Director Less than 1 hour per week	-0-	-0-	-0-
Roger D Silk Sherman Oaks, CA	Director Less than 1 hour per week	-0-	-0-	-0-
Koch Industries, Inc Wichita, KS	Not Applicable (Payment for management services of Sec / Treasurer)	9,637	-0-	-0-

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## **Part I** Automatic 3-Month Extension of Time—Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ☐  
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>Bill of Rights Institute</b>	Employer identification number <b>48-0891418</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>200 N Glebe Road, Suite 1050</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Arlington, VA 22203</b>	

Check type of return to be filed (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **April 15**, 20**03**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year 20\_\_ or  
► ☒ tax year beginning **September 1**, 20**01**, and ending **August 31**, 20**02**

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ **0**

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ **0**

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **0**

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► *Vonda Holliman* Title ► **Secretary / Treasurer** Date ► *1-14-03*

For Paperwork Reduction Act Notice, see Instruction

Cat No 27916D

Form **8868** (12-2000)